

Updates to AIM Advanced Imaging Clinical Appropriateness Guidelines

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Effective for dates of service on and after March 14, 2021, the following updates will apply to the AIM Advanced Imaging Clinical Appropriateness Guidelines.

Chest imaging *and* head and neck imaging

- Hoarseness, dysphonia, and vocal cord weakness/paralysis – primary voice complaint
 - Require laryngoscopy for the initial evaluation of all patients with primary voice complaint

Brain imaging *and* head and neck imaging

- Hearing loss
 - Added CT temporal bone for evaluation of sensorineural hearing loss in any pediatric patients or in adults for whom MRI is non-diagnostic or unable to be performed
 - Higher allowed threshold for consecutive frequencies to establish SNHL
 - Remove CT brain as an alternative to evaluating hearing loss based on ACR guidance
- Tinnitus
 - Remove sudden onset symmetric tinnitus as an indication for advanced imaging

Head and neck imaging

- Sinusitis/rhinosinusitis

- Add more flexibility for the method of conservative treatment in chronic sinusitis
- Require conservative management prior to repeat imaging for patients with prior sinus CT
- Temporomandibular joint dysfunction
 - Removed requirement for radiographs/ultrasound
- Cerebrospinal fluid (CSF) leak of the skull base
 - Added scenario for management of known leak with change in clinical condition

Brain imaging

- Ataxia, congenital or hereditary
 - Combine with congenital cerebral anomalies to create one section
- Acoustic neuroma
 - More frequent imaging for a watch and wait or incomplete resection
 - New indication for neurofibromatosis type 2 (NF 2)
 - More frequent imaging when MRI shows findings suspicious for recurrence
 - Single post-operative MRI following gross total resection
 - Include pediatrics with known acoustics (rare but NF 2)
- Tumor – not otherwise specified
 - Repurpose for surveillance imaging of low grade neoplasms
- Seizure disorder and epilepsy
 - Limit imaging for the management of established generalized epilepsy
 - Require optimal medical management (aligning adult and pediatric language) prior to imaging for management in epilepsy
- Headache
 - Remove response to treatment as a primary headache red flag

- Mental status change and encephalopathy
 - Added requirement for initial clinical and lab evaluation to assess for a more specific cause

Oncologic imaging

- General enhancements: Updates to Scope/Definitions, general language standardization
- General content enhancements: Overall alignment with current national oncology guideline recommendations, resulting in:
 - Removal of indications/parameters not addressed by NCCN
 - Average risk inclusion criteria for CT colonography
 - New allowances for MRI abdomen and/or MRI pelvis by tumor type, liver metastatic disease
 - New indications for acute leukemia (CT, PET/CT), multiple myeloma (MRI, PET/CT), Ovarian cancer surveillance (CT), bone sarcoma (PET/CT)
 - Updated standard imaging pre-requisites prior to PET/CT for bladder/renal pelvis/ureter, ectal, esophageal/GE junction, gastric and non-small cell lung cancers
 - Additional PET/CT management scenarios for cervical cancer, Hodgkin's lymphoma

Other content enhancements by section:

- Cancer screening: New indication for pancreatic cancer screening
- Breast cancer: New PET/CT indication for restaging/treatment response for bone-only metastatic disease and limitation of post-treatment breast MRI after breast conserving therapy or unilateral mastectomy
- Prostate cancer: MRI pelvis: removal of TRUS biopsy requirement, allowance if persistent/unexplained elevation in PSA or suspicious DRE
- Axumin PET/CT: Updated inclusion criteria (removal of general MRI pelvis requirement, additional allowance for rising PSA with non-diagnostic multiparametric MRI)

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- Access AIM's **ProviderPortal**_{SM} directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availability.com.
- Call AIM's Contact Center toll-free number at 866-714-1107, Mon. - Fri., 8:00 a.m. - 5:00 p.m.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines [here](#).

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